

## KCMO HEALTH DEPARTMENT ENVIRONMENTAL PUBLIC HEALTH PROGRAM

2400 TROOST AVE, SUITE 3200 KANSAS CITY, MO 64108 Phone: (816) 513-6315 Fax: (816) 513-6290



Virginia Graeme Baker Pool and Spa Safety Act (15 U.S.C. 8001 et se.)

## **Compliance Verification Form**

To aid pool owners, designers, and builders verify compliance with Virginia Graeme Baker Pool and Spa Safety Act

Facility Information	
Name:	
Address:	City: Kansas City State: MO Zip:
Contact Person:	Phone: Email:
Pool Type	
☐ Swimming Pool ☐ Spa/Hot Tub	☐ Wading Pool ☐ Spraygroud ☐ Other:
Main Drain Type	
☐ Single Drain ☐ Mu	Itiple Drains
Pool and Main Drain Informat	ion (Check the replacement type)
☐ Replaced only the cover	☐ Replaced entire suction outlet(s)
☐ Manufactured	☐ Manufactured
☐ Field Fabricated	☐ Field Fabricated
Equalizer Lines	
Does this pool have equalizer line	<u></u>
☐ Yes ☐ No	
Have the covers on the equalizer	lines been replaced with covers meeting ASME
A112.19.8-2007?	
☐ Yes ☐ No	
Equalizer lines are plugged:	
	entified how to protect the pump)
• •	vers meeting ASME A122.19.8-2077 can be obtained)

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Additional Entrapment Prevention Equipment
If a facility has single main drains (or multiple drains closer than 3 feet apart), additional entrapment prevention equipment is required. Was additional entrapment prevention equipment required at this facility to comply with the <i>Virginia Graeme Baker Pool and Spa Safety Act</i> ?   Yes   No
Maintain Records to Verify Compliance
Attach all of the written supporting information you have used to identify the correct covers for your facility, including product literature and recirculation system flow calculations. When appropriate, attach product information for any additional entrapment prevention equipment installed. Keep this <i>Compliance Verification Form</i> , with the supporting materials, nearby for when your facility is inspected.
Pool Operator's Signature:
Print Name:
Title:
Date:

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